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McLEOD, MOYNE & REILLY, P.C.
ATTORNEYS AND COUNSELORS AT LAW
PATENTS, TRADEMARKS AND COPYRIGHTS

IAN C. McLEOD
MARY M. MOYNE
JOHN DAVID REILLY, PH.D.

2190 COMMONS PARKWAY
OKEMOS, MICHIGAN 48864

TELEPHONE (517) 347-4100
FACSIMILE (517) 347-4103

FACSIMILE TRANSMITTAL

To: Joseph Woiach (703) 305-3732

Firm: PTO

Fax #: 1-703-308-4242

From: Ian C. McLeod

Date: Jun 5, 2003 Pages: 18 (Including cover sheet)

OFFICIAL

Re: MSU 4.1-458
Serial No. 09/513,086


Dear Examiner Woiach:

Pursuant to your telephone call of Wednesday, June 4, 2003, enclosed are copies of the following papers:

- (1) Postcard indicating receipt of Amendment in the PTO on 1/27/03;
- (2) Amendment Transmittal Form; and
- (3) Amendment Under 37 CFR 1.111

If anything further is needed, please let me know.

Sincerely,


Ian McLeod
(517) 347-4100

If transmission is interrupted or of poor quality, please notify us immediately by calling (517) 347-4100.

Notice: This communication is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the recipient of this communication is not the intended recipient or the employee or agent responsible for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the communication to us at the above address via first class mail.

Received AMENDMENT UNDER 37 CFR 1.111 re:

Applications : Linda S. Mansfield, Mary G. Rossano,
Alice J. Murphy and Ruth A. Vrable

Serial No. : 09/513,086
Filed : February 24, 2000
For : VACCINE TO CONTROL EQUINE PROTOZOAL
MYELOENCEPHALITIS IN HORSES

DM: 1/20/03
DD: 1/22/03
MSU 4.1-458
ICM/jrh



Practitioner's Docket No. MSU 4.1-458**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Linda S. Mansfield, Mary Rossano, Alice Murphy,
and Ruth Vrabie
Application No.: 09 513,086 Group No.: 1632
Filed: February 24, 2000 Examiner: Joseph T. Woitach
For: VACCINE TO CONTROL EQUINE PROTOZOAL MYELOENCEPHALITIS IN
HORSES

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

- ☐ a small entity. A statement:
☐ is attached.
☐ was already filed.
☒ other than a small entity.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*
(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner
for Patents, Washington, D.C. 20231

37 C.F.R. § 1.8(a)

37 C.F.R. § 1.10 *

- ☒ with sufficient postage as first class mail.

- ☐ as "Express Mail Post Office to Addressee"

Mailing Label No. _____ (mandatory)

TRANSMISSION

- ☐ facsimile transmitted to the Patent and Trademark Office, (703) _____

Tammi L. Taylor

Signature

Date: 1-20-03

Tammi L. Taylor

(type or print name of person certifying)

* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

(Amendment Transmittal [9-10]—page 1 of 4)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. § 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN A SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
						OR RATE
						ADDIT. FEE
TOTAL	5	MINUS	50	=	-0- x\$9= \$	x\$18= \$ -0-
INDEP.	3	MINUS	17	=	-0- x\$42= \$	x\$84= \$ -0-
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$140= \$	+ \$280= \$ -0-
					TOTAL ADDIT. FEE \$	OR TOTAL ADDIT. FEE \$ -0-

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (§ 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 C.F.R. § 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

- (c) ☒ No additional fee for claims is required.

OR

- (d) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

- ☐ Attached is a ☐ check ☐ money order in the amount of \$ _____
- ☐ Authorization is hereby made to charge the amount of \$ _____
- ☐ to Deposit Account No. _____
- ☐ to Credit card as shown on the attached credit card information authorization form PTO-2038.

WARNING: Credit card information should not be included on this form as it may become public.

- ☐ Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

(Amendment Transmittal [9-19]—page 3 of 4)

FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account
No. 13-6610

AND/OR

- ☒ If any additional fee for claims is required, charge Account
No. 13-0610

Reg. No.: 20,931

Tel. No.: (517) 347-4100

Customer No.: 21036


SIGNATURE OF PRACTITIONER

Ian C. McLeod
(type or print name of practitioner)

2100 Commens Parkway
P.O. Address

Okemos, Michigan 48864

MSU 4.1-458
01/08/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Linda S. Mansfield, Mary Rossano, Alice
Murphy, and Ruth Vrable

Serial No. 09/513,086 Group Art Unit: 1632

Filing Date: February 24, 2000

Title: VACCINE TO CONTROL EQUINE PROTOZOAL
MYELOENCEPHALITIS IN HORSES

Examiner: Joseph T. Woitach

Box Non-Fee Amendment

Commissioner of Patents and Trademarks

Washington, D.C. 20231

AMENDMENT UNDER 37 C.F.R. § 1.111

Dear Sir:

In response to the Office Action dated October
22, 2002, the applicants remark as set forth below.

In the Claims:

Please cancel Claims 5, 6, 7, 8, 9, 14, 15,
16, 17, and 49.

Please amend Claims 4, 13, 45, 46, and 50 as
follows.